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CONFIRMATION NO. 5104

SERIAL NUMBER 10/613,097	FILING DATE 07/01/2003 RULE	CLASS 514	GROUP ART UNIT 1623	ATTORNEY DOCKET NO. 17550 (AP)
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/26/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	DRAWING 1	CLAIMS 46	CLAIMS 4
Verified and Acknowledged Examiner's Signature	Initials				

ADDRESS

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TITLE

Inhibition of irritating side effects associated with use of a topical ophthalmic medication

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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